



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	CEIVED 1921
Cerebral hemorrhage	July 5, 1927
SEP 4 1937	
MURRAY V.	

Other contributory causes of importance:

Gallstones

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	
1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8914

## 1. PLACE OF DEATH

County

Montgomery

Village or City

Calverville

820

Registration Dist. No.

214

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Ella May Baker

Calverville

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

✓

6. DATE OF BIRTH (month, day, end year)

June 29, 1859

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER

FATHER

13. NAME

John T. Baker

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

Aliza L. Baker

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT

(Address)

Mr. First Spaul

Silver Spring

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial

Date Aug. 26, 1937

19. UNDERTAKER

(Address)

Hartman &amp; Son

Silver Spring

20. FILED

(Date)

Aug. 24, 1937

Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 24, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937, to August 24, 1937. I last saw her alive on August 6, 1937; death is said to have occurred on the date stated above, at 2 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset  
Aug. 7, 1937

## Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

H. H. Howlett M. D.  
928 Silver Spring Ave., Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	RECEIVED
Cerebral hemorrhage	1915
	1921
	July 5, 1927
Other contributory causes of importance:	SEP 8 1937
Gallstones	P. M. V. S.
	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8915

## 1. PLACE OF DEATH

County MontgomeryVillage or City Bethesda

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

St.

Ward

Registration Dist. No. 216

92-R

War

No. 112 Del Ray Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William A. Baker(a) Residence: No. 112 Del Ray Ave.

(usual place of abode)

If U. S. Veteran, specify WAR

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary C. Baker6. DATE OF BIRTH (month, day, and year) Oct 19 1865

7. AGE <u>71</u>	Years <u>10</u>	Months <u>10</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) <u>Rockville</u> <u>Maryland</u>
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13. NAME <u>Jovithan W. Baker</u>
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14. BIRTHPLACE (city or town) (State or country) <u>Rockville</u> <u>Maryland</u>
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15. MAIDEN NAME <u>Catherine Penn</u>
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16. BIRTHPLACE (city or town) (State or country) <u>Rockville</u> <u>Maryland</u>
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17. INFORMANT <u>Mrs. Harold Nichols</u> (Address) <u>112 Del Ray Ave Bethesda Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place: <u>Rockville Union</u> Date: <u>8-29 1937</u>
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19. UNDERTAKER <u>Wm Reuben Pumfrey</u> (Address) <u>7005 Wisconsin Ave Bethesda Md.</u>
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20. FILED <u>8-27 1937</u> B.C. Perry M.D. Registrar
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 27 1937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Aug. 27th 1937 to Aug. 27 1937I last saw him alive on Aug. 26 1937; death is said to have occurred on the date stated above at 6:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic valvular heart disease.

Date of onset

Unknown

## Other Contributory Causes of Importance:

Chronic myocarditisUnknownName of operation none Date ofWhat last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify \_\_\_\_\_ (Signed) Wheeler Duff M. D.(Address) Bethesda, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

8916

## 1. PLACE OF DEATH

County MontgomeryVillage or City Silver SpringLength of residence in city or town where death occurred \_\_\_\_\_ yrs. 6 mos. 6 ds.Registration Dist. No. 214

Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number) No. 8604 Mayfair Place St., Ward2. FULL NAME John Thomas Baldwin If U. S. Veteran, specify WAR \_\_\_\_\_(a) Residence: No. 8604 Mayfair Place St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Winifred Agnes Baldwin</u>				
6. DATE OF BIRTH (month, day, and year) <u>November 15, 1899</u>				
7. AGE <u>37</u>	Years <u>9</u>	Months <u>5</u>	Days <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. State Roads Inspector  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Maryland State Roads  
 10. Date deceased last worked at this occupation (month and year) Aug 24, 1937  
 11. Total time (years) spent in this occupation 2 Months

12. BIRTHPLACE (city or town) Washington  
 (State or country) District of Columbia  
 13. NAME Thomas P. Baldwin  
 14. BIRTHPLACE (city or town) Washington  
 (State or country) District of Columbia  
 15. MAIDEN NAME Katherine Muller  
 16. BIRTHPLACE (city or town) West Virginia  
 (State or country)

17. INFORMANT Dr. Joseph Jordan  
 (Address) 1355 Massachusetts Avenue, Washington  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Washington Date Aug 24, 1937

19. UNDERTAKER P. J. Lafferty  
 (Address) 225 1/2 Main Street, Silver Spring  
 20. FILED Aug 21, 1937 J. E. Bradley  
 (Signature) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 21st

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date stated above, at 8:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental Death,  
Electrocuted while  
plugging in lamp plug  
with wet hands.

## Other Contributory Causes of Importance:

Name of operator nurse Data of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Aug 21, 1937Where did injury occur? 8604 Mayfair Place, Silver Spring

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In homeManner of Injury accidentally Electrocuted by short circuitNature of Injury Electrocution24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) H. H. Hawley M. D.(Address) 928 Sligo Avenue, Silver Spring

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>RECEIVED</i>
<i>Chronic interstitial nephritis</i>	<i>SEP 8 1937</i>
<i>Cerebral hemorrhage</i>	<i>1915</i>
	<i>1921</i>
	<i>July 5, 192</i>
BUREAU V. S.	

### Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:		Date of onset
<i>Attack of epilepsy</i>		1 week ago
<i>Run over by street car</i>		1 week ago
<i>Peritonitis</i>		3 days ago
Other contributory causes of importance:		
<i>Gastroenteritis</i>		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8917

## 1. PLACE OF DEATH

County MontgomeryVillage or City outside KensingtonLength of residence in city or town where death occurred 20 yrs.(151) Registration Dist. No. 214No. Lawrence AveSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? ys. mos. ds.2. FULL NAME George Wilbur Bennett(a) Residence: No. Lawrence Ave.St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJeanette C. Bennett

6. DATE OF BIRTH (month, day, and year)

August 29, 1855

7. AGE

Years 81Months 11Days 26If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

GoshenMaryland

## MOTHER FATHER

13. NAME Richard H. Bennett

14. BIRTHPLACE (city or town)

(State or country)

unknown15. MAIDEN NAME Sevilla Miller

16. BIRTHPLACE (city or town)

(State or country)

unknown17. INFORMANT Mrs. Jeanette C. Bennett

(Address)

Lawrence Ave., Kensington

18. BURIAL, CREMATION, OR REMOVAL

Place Nealsville MdDate Aug 28, 193719. UNDERTAKER Wm. Ruben Pumphrey

(Address)

1005 Wisconsin Ave. Bethesda Md20. FILED Aug 27, 1937

Margaret C. Tremaine

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 25, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 3, 1934 to Aug. 25, 1937I last saw him alive on Aug. 25, 1937; death is said  
to have occurred on the date stated above, at 1:50 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Alresia; caused by  
Chronic interstitial nephritis  
Chronic myocarditis  
with hypertrophy Date of onset  
5/14/37

## Other Contributory Causes of Importance:

Prostatic obstruction March  
Infection from anal indwelling catheter 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Katherine A. Chapman M.D.  
(Address) 20 W. Balt St., Kensington

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
	SEP 8 1937	July 5, 1927
Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

8918

## 1. PLACE OF DEATH

50

County Montgomery  
Village or City Takoma Park

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 223

2. FULL NAME Ars Margaret Blaue(a) Residence: No. 5101 - 39th St. N.W., St.

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

Washington, D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u>
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofOswald Lewis Blaue6. DATE OF BIRTH (month, day, and year) March 20, 1901

7. AGE <u>36</u> Years	Months <u>5</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House wife</u>	10. Date deceased last worked at this occupation (month and year) <u>7/1/37</u>	11. Total time (years) spent in this occupation <u>11 yrs</u>
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12. BIRTHPLACE (city or town) Raleigh, N.C.  
(State or country)

13. NAME <u>Harry Heiling</u>	14. BIRTHPLACE (city or town) <u>? N.C.</u> (State or country)
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15. MAIDEN NAME <u>Mary E. Wong</u>	16. BIRTHPLACE (city or town) <u>? N.C.</u> (State or country)
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17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Washington, D.C. Date Aug 28, 193719. UNDERTAKER Jas. Hawley Lane  
(Address) 1756 Pa Ave. N.W.20. FILED Aug 28, 1937 Head Reg. H. Head Rogers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 28

(Month) (Day)

1937 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

August 4, 1937, 8/20/1937, 19I last saw her alive on 8/16 p.m.; death is said to have occurred on the date stated above, at 11:16 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Submunging carcinoma of  
breast of metastasis of Date of onset  
14 mos

Other Contributory Causes of Importance:

Ca of liver Date of onset  
Ca of liver Date of onset  
Ca of liver Date of onset  
Ca of liver Date of onset

Name of operation

What test confirmed diagnosis? X-ray Date of testWas there an autopsy? No Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Aug 1937 M. D.(Signed) Aug 1937 M. D.(Address) Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 4 1927	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 8 1927	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8920

## 1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223  
 Village or City Takoma Park Md Ward \_\_\_\_\_  
No. Washington San & Hospital Ward

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

unnamed infant of Stella Bonner

(a) Residence: No. 4 James Bonner  
 (Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
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5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH (month, day, and year)

Aug 3 1937

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SHK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
 (State or country) Takoma Park Md

13. NAME James Franklin Bonner

14. BIRTHPLACE (city or town)  
 (State or country) Lyon County Kentucky

15. MAIDEN NAME Stella Marcelle Des Jardins

16. BIRTHPLACE (city or town)  
 (State or country) Muskegon Michigan

17. INFORMANT Washington Sanitarium Records  
 (Address)

18. BURIAL, CREMATION OR REMOVAL  
 Place FT. Snorer Md Date 8-4 1937

19. UNDERTAKER Worlhamper 67  
 (Address) 1400 6th St. N.W.

20. FILED Aug 3, 1937 26 E. Rogers  
 Registrar. Riverdale, Md.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 3, 1937

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

stillborn

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Wendell E. Rogers M. D.

(Address) Riverdale, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	SEP 4 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8921

## 1. PLACE OF DEATH

County

Mountgomery Co

(131)

Registration Dist. No. 217

Village or City

Hay Hill Md

St. Ward

Length of residence in city or town where death occurred  
(HORIAH)(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Hay Hill Md

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Dec 11-1894

7. AGE Years Months Days

If LESS than  
1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Jeff Bott Norbeck Md

13. NAME

Norbeck Md

14. BIRTHPLACE (city or town)  
(State or country)

Margaret George

15. MARION NAME

Norbeck Md

16. BIRTHPLACE (city or town)  
(State or country)

Bertha Adams

17. INFORMANT  
(Address)

Placer Aug 18 1937

18. BURIAL, CREMATION, OR REMOVAL

Robert L. Snouder

19. UNDERTAKER  
(Address)

C. S. Barnesley

20. FILED

Aug. 18, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 16  
(Month) (Day), 1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1937, to Aug 9th, 1937

I last saw him alive on Aug 9th, 1937, death is said

to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic nephritis  
with hypertension

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? reexamination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas E. Dimbleby M.D.

(Address) Sandy Spring Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage	SEP	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery  
Bengington

Village or City

Length of residence in city or town where death occurred

8 yrs. mos. ds. How long in U. S. if of foreign birth 70 yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

1 E. Washington

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male White Married

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

Dec 12 - 1859

## 7. AGE

Years

77

Months

8

Days

5

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Notingham  
England

## 13. NAME

Thomas Brettel

14. BIRTHPLACE (city or town)  
(State or country)

England

## 15. MAIDEN NAME

Amy Towle

16. BIRTHPLACE (city or town)  
(State or country)

England

## 17. INFORMANT

Mrs Roberts of Egswell (daughter)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Danvers - N.Y. Date Aug 19, 1937

## 19. UNDERTAKER

Wm. Prentiss Humphrey  
Rocheville - Maryland20. FILED Aug 18, 1937 Margaret C. Trenearne  
Local Registrar

Registration Dist. No.

214

No. 1 E. Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth 70 yrs. mos. ds.

If U. S. Veteran, specify WAR

St., Ward

Washington, Md.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 17, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug. 10, 1937, to Aug. 17, 1937

I last saw him alive on Aug. 10, 1937; death is said  
to have occurred on the date stated above, at 3:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral hemorrhage,  
left hemisphere

Date of onset

Aug. 10, 1937

## Other Contributory Causes of importance:

Arteriosclerosis

?

Name of operation none Date of

What test confirmed diagnosis Physical exam Where en autopsy No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Wm. G. Lenthum

(Signed) Wm. G. Lenthum M.D.

(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	DEC 8 1957	1915
Cerebral hemorrhage	RECEIVED V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8923

## 1. PLACE OF DEATH

171

Registration Dist. No.

218

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

## 2. FULL NAME

Mary Catherine Briggs

(a) Residence: No. Gaithersburg, Md. City Ward.

St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of John W. Briggs

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1853	84	6	0	

Feb 5th 1853

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House Work
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	II
	10. Date deceased last worked at this occupation (month and year)	II
	11. Total time (years) spent in this occupation	II

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME Benjamin Sparrow

14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MATURE NAME Eliza Padgett

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT W. Wilson Briggs  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Gaithersburg Date aug 7  
1919. UNDERTAKER Ernest G. Gartner  
(Address)20. FILED Aug. 6, 1937  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 5 , 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
4-11- 1937, to 8-5- 1937; death is saidI last saw her alive on 8-3- 1937; death is said  
to have occurred on the date stated above, at 8:35 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cardio - nephritis

Food causing the Stomach poisoning Salmon.  
Cure.

Other Contributory Causes of importance:

Enteritis, stomach passing 9/18/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) J. C. Miller  
(Address) Gaithersburg, Md. M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
RECEIVED SEP 6 1927	
Gallstones	July 5, 1927
Other contributory causes of importance: S. BURR	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8924

## 1. PLACE OF DEATH

County Montgomery

Village or City Takoma Park, Md.

Length of residence in city or town where death occurred

yrs.

mos.

2

ds.

(If death occurred in a hospital institution, give its NAME instead of street and number)

Registration Dist. No. 223.

Ward

No. Washington Sanitarium &amp; Hospital

## 2. FULL NAME Mrs. Ida Burkholder

(a) Residence: No. 4233 - Jennifer St. N.W. St.

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward. Chevy Chase Maryland

Nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
		married

5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE of

Isaac Burkholder

6. DATE OF BIRTH (month, day, and year) November 21-1858

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	78	8	12	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
X	Housewife	Own home	Nov 15-1932	50

12. BIRTHPLACE (city or town) (State or country)	Ephrata Pennsylvania
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MOTHER FATHER	13. NAME William Knutie
	14. BIRTHPLACE (city or town) (State or country) Lancaster County Pennsylvania

MOTHER FATHER	15. MAIDEN NAME (Van) Steinmetz
	16. BIRTHPLACE (city or town) (State or country) Lancaster County Pennsylvania

MOTHER FATHER	17. INFORMANT Washington Sanitarium Records (Address)
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MOTHER FATHER	18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Aug 5, 1937
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MOTHER FATHER	19. UNDERTAKER W.W. Chambers C (Address) 14th & Chapin St. N.W.
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MOTHER FATHER	20. FILED Aug 3, 1937 26 C. Rogers Registrar
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August

2

1937

## 22. I HEREBY CERTIFY That I attended deceased from

August 1, 1937, to August 2, 1937.

I last saw her alive on August 2, 1937; death is said to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Atherosclerosis Myocardial  
Dysrhythmia Atrial fibrillation

Date of onset

## Other Contributory Causes of Importance:

Heart failure

and

Name of operation

Date of

What test confirmed diagnosis?

0

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles Holton

M. D.

(Address) Washington Sanitarium

Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting No. 1, Part 2.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927
<i>BUREAU V. S.</i>		
Other contributory causes of importance:		
Gallstones		May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8925

## 1. PLACE OF DEATH

County MontgomeryVillage or City near BarnesvilleLength of residence in city or town where death occurred 19 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barrence A. Chiswell(a) Residence: No. R 7. D. Sellman Md.  
(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White MARRIED

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofHattie H. Chiswell

6. DATE OF BIRTH (month, day, and year)

April 2 - 1869

7. AGE Years Months Days if LESS than  
68 3 19 if day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Formerly Country Merchant  
Sawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Assessments for Montg Co.

10. Date deceased last worked at this occupation (month and year)

April 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

Maryland

(State or country)

(State

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 8 1937	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8926

## 1. PLACE OF DEATH

County Montgomery County  
Village or City Takoma Park

93-6

Registration Dist. No. 223

No. Washington Sanitarium Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mr. Edward F. Concklin

(a) Residence: No. 1619 R st. N.W.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Francis M. Concklin

6. DATE OF BIRTH (month, day, and year) June 11- 1850

7. AGE 87	Years	Months 1	Days 20	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION  
 8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Treasurer  
 9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc. Welfare Associations  
of Buildings & Grounds  
 10. Date deceased last worked at this occupation (month and year) 1-30-37  
 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town)  
(State or country) New York City  
New York13. NAME Jonas F. Concklin  
14. BIRTHPLACE (city or town)  
(State or country) New York City  
New York15. MAIDEN NAME Catharine E. Post  
16. BIRTHPLACE (city or town)  
(State or country) New York City  
New York17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park, Maryland.18. BURIAL, CREMATION, OR REMOVAL  
Place: Takoma Park C. Date: Aug 3, 193719. UNDERTAKER Los Daniels Sons  
(Address) 1756 Pa Ave, D.C.20. FILED Aug 1, 1937 26 E. Rogers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 1, 1932

22. I HEREBY CERTIFY. That I attended deceased from January 31, 1932, to August 1, 1932.

I last saw him alive on July 31, 1932; death is said to have occurred on the date stated above, at 3:53 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerotic Myocardial Degeneration  
Diphtheria  
4 weeks

Other Contributory Causes of importance:

Bronchitis

Gomsey

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? O Was there an autopsy? O

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Chas H. W. L. D. M. D.

(Address) Washington Sanitarium

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. INK UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8927

## 1. PLACE OF DEATH

County Montgomery County  
Village or City Takoma Park, Md.

45-B

Registration Dist. No. 223

Ward

No. Washington Sanitarium Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred. 3 yrs. 8 mos. 8 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Miss May Cowan(a) Residence: No. Main Street  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Clinton, Ward Clinton, Mississippi

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
----------------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) May 5 - 1867

7. AGE <u>70</u>	Years <u>3</u>	Months <u>17</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>School teacher</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Public School</u>
10. Date deceased last worked at this occupation (month and year) <u>1910</u>	11. Total time (years) spent in this occupation <u>8 years</u>

12. BIRTHPLACE (city or town)  
(State or country) Vicksburg Mississippi13. NAME Warren Cowan14. BIRTHPLACE (city or town)  
(State or country) Vicksburg Mississippi15. MAIDEN NAME Annie Marley16. BIRTHPLACE (city or town)  
(State or country) Vicksburg Mississippi17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place trash D.C. Date Aug 22, 193719. UNDERTAKER W.W. Chambers Co.  
(Address) 400 Chapin St. N.W.20. FILED Aug 22, 1937 W. E. Rogers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from May 14, 1937, to August 22, 1937.I last saw h.e.y. alive on August 22, 1937; death is said to have occurred on the date stated above, at 4:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of the tongue & metastasis to cervical glands - left  
Date of onset about 8 mo. t

Other Contributory Causes of Importance:

Asthma  
Sensitivity  
Emphysema

Diagnosis at Johns Hopkins Hosp.  
Howard Kelley Hosp. in Baltimore  
Name of physician \_\_\_\_\_ Date of diagnosis \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signature) Read 7 Calvert M. O.(Address) Takoma Park, Md.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

<u>Arteriosclerosis</u>	RECEIVED
<u>Chronic interstitial nephritis</u>	SEP 4 1937
<u>Cerebral hemorrhage</u>	BUREAU V. S.

### Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other contributory causes of importance:**

*Gallstones* *May 1, 1923*

#### **Other contributory causes of importance:**

<i>Gastroenteritis</i>	<i>1 year</i>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 8 1937	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MarylandVillage or City Noarbeck, Md. (Rockville)

(184)

Registration Dist. No. 219

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Warner Jack Cunningham If U. S. Veteran, specify WAR(a) Residence: No. Noarbeck, Md.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Single</u>
6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		

6. DATE OF BIRTH (month, day, and year) March 6, 19317. AGE Years 6 Months 5 Days 14 if LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Clerk</u>	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____	—	

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Charles C. Cunningham14. BIRTHPLACE (city or town)  
(State or country) W. Va.15. MAIDEN NAME Katherine M. Henshaw16. BIRTHPLACE (city or town)  
(State or country) Md.17. INFORMANT Mr. C. C. Cunningham  
(Address) Noarbeck18. BURIAL, CREMATION, OR REMOVAL  
Place Colombia Cem. Date Aug 22, 193719. UNDERTAKER Warren E. Murphy  
(Address)20. FILED Aug. 21, 1937 C. Barnes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 20<sup>th</sup>

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Aug 20, 1937 to Aug 20, 1937.  
I last saw him dead on Aug 20, 1937; death is said to have occurred on the date stated above, at 11 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gunsight wound of neck  
Date of onset 8/20/37

## Other Contributory Causes of importance:

accidentalName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 8/20, 1937Where did injury occur? in house (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in houseManner of injury Gunsight woundNature of injury Gunsight wound of neck24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Charles Murphy M. D.(Address) Sandy Spring Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis	SEP 4 1927	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8930

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

Montgomery Co.  
Rockville, Md.

93c

Registration Dist. No.

213

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

July 2, 1900

7. AGE Years Months Days If LESS than  
37 1 9 1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Scollard Rd. Date Aug 15, 1937

19. UNDERTAKER  
(Address)

20. FILED 8-14, 1937 M. S. Hall

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August

12

, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1937, to Aug 12, 1937

I last saw him alive on Aug 12, 1937, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute delation of heart

Primary cause: Chronic myocarditis.

Duration: two years. Caus.

Other Contributory Causes of importance:

None

Name of operator: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. J. Hawkes

(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis	Date of onset	1921
Cerebral hemorrhage	Date of onset	July 5, 1927
RECEIVED SEP 8 1927 BUREAU V. S.		
Other contributory causes of importance:		
Gallstones	Date of onset	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car	Date of onset	1 week ago
Peritonitis	Date of onset	3 days ago
Other contributory causes of importance:		
Gastroenteritis	Date of onset	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8931

## 1. PLACE OF DEATH

County Montgomery Co. Gen Hospital No. 210-11 Registration Dist. No. 217  
 Village or City Cluey Woods St. C Ward 13  
 Length of residence in city or town where death occurred yrs. mos. ds. If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Clara Lee Davis(a) Residence: Nd. 13 Quincy Place N. E. St. D Ward. Washington D. C.

(Qual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <u>write the word</u> ) <u>single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1935  
 7. AGE Years 1 Months 9 Days 24 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. None  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Jessie Lee Davis  
 14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MAIDEN NAME Clara Lillian Briggs  
 16. BIRTHPLACE (city or town)  
(State or country) Fairland Md.17. INFORMANT Clara Lillian Davis  
(Address) Fairland, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Pockrell's Union Data Aug 12, 193719. UNDERTAKER W. Gubler Embalmer  
(Address) Rockville - Md.20. FILED Aug 11, 1937 S. Bainsly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/10/37

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

8/10/37, 1937, to 8/10/37, 1937.I last saw her alive on 8/10/37, 1937; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Froation Base of skull 8/10/37  
Scenular fracture  
Victim

## Other Contributory Causes of Importance:

shock 8/14/37

Name of operation none Date of 8/14/37What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 8/14, 1937Where did injury occur? Fairland Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Private home.Manner of injury AutomobileNature of injury Hit head by car24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Driver(Signed) J.W. Bainsly M. D.(Address) Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED SEP 4 1937 BUREAU V.	Date of onset
Chronic interstitial nephritis	1921	1915
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8932

## 1. PLACE OF DEATH

County Montgomery  
Village or City Kensington

Length of residence in city or town where death occurred 24 yrs., mos.

95

Registration Dist. No. 214No. Bonycastle Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? mos. mos. ds.2. FULL NAME Rose Anna Davis(a) Residence: No. Bonycastle Ave St., Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJoseph Davis

6. DATE OF BIRTH (month, day, and year)

March 28, 1882

7. AGE

Years 55Months 4Days 16If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housekeeper9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.our home10. Date deceased last worked at  
this occupation (month and  
year) July 193711. Total time (years)  
spent in this  
occupation 3512. BIRTHPLACE (city or town)  
(State or country)Rockville  
Md.

MOTHER FATHER

13. NAME Moses Smathers14. BIRTHPLACE (city or town)  
(State or country)Culpeper County  
Virginia15. MAIDEN NAME Victoria Paine16. BIRTHPLACE (city or town)  
(State or country)Rappahannock Co.  
Virginia

17. INFORMANT

(Address) Kensington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Norbeck Md. Date Aug 15 1937

19. UNDERTAKER

(Address) Roy W. Barber  
Partnership

20. FILED

Aug 14, 1937 Margaret C. Greeneau

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 13, 1937

22. I HEREBY CERTIFY. That I attended deceased from

May 15, 1937, to August 13, 1937I last saw her alive on August 13, 1937; death is said  
to have occurred on the date stated above, et. 2:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hypertensive heart disease  
Myocardial insufficiency  
& congestive failure  
Assassination

Date of onset

6-1-37

8-1-37

## Other Contributory Causes of Importance:

Name of operation none Date of 1937What test confirmed diagnosis? Phys exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. Wilkins Coeck M. D.(Address) Kensington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVE	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 8 1937	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8933

## 1. PLACE OF DEATH

County Montgomery  
 Village or City Spencerville Md

Length of residence in city or town where death occurred 4 yrs.Registration Dist. No. 217St., Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F Davy  
 (a) Residence: No. Springfield Md  
 (Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept 8 1898

7. AGE Years <u>39</u>	Months <u>11</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House Work.</u>	11. Total time (years) spent in this occupation
--	---

12. BIRTHPLACE (city or town)  
(State or country) Bard  
West Virginia13. NAME Isaac H Davy  
14. BIRTHPLACE (city or town)  
(State or country) Springfield  
Ohio15. MAIDEN NAME Susan Friddle16. BIRTHPLACE (city or town)  
(State or country) Romney  
West Virginia17. INFORMANT Isaac H. Davy  
(Address) Spencerville Md.

18. BURIAL, CREMATION OR REMOVAL

Place Hancock Va. Date 8-11-3719. UNDERTAKER Warren E. Murphy  
(Address) Rockville Md.20. FILED 8-10-37 S. Barnes  
Registrar.

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 (Month) 9 (Day), 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

8-3 1937 to 8-9 1937; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Bronchitis  
Cordicardia Asthma  
Myocardial weakness  
& Obesity

Other Contributory Causes of importance:

Cardiac dilatation 8-7-57

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) B. P. Lawrence M. D.(Address) Hancock Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage SEP 4 1937

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8934

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Upper Gordons  
Village or City Broadmoor

(S)

Registration Dist. No. 216

Ward

No. 6403-Ridge Dr. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? years. months. days.

## 2. FULL NAME

Mabel Gould Dawson Veteran, specify WAR

(a) Residence: No. 6403-Ridge Dr. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Divorced5a. If married, widowed, or divorced  
HUSBAND OR  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 19, 1875

7. AGE	Years <u>61</u>	Months <u>10</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
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## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jul. 31, 1933 11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Utica, N.Y.

## MOTHER FATHER

13. NAME

Mrs. J. Gould

14. BIRTHPLACE (city or town)

(State or country)

N.Y.

15. MAIDEN NAME

Hellie Miller

16. BIRTHPLACE (city or town)

(State or country)

Utica, N.Y.

17. INFORMANT

William Francis Dawson  
(Address) 6403-Ridge Dr.

18. BURIAL, Cremation, or Removal

Place Cedar Hill Date 8-30-33

19. UNDERTAKER

(Address) Joseph Lawlor Sons  
1756 Pa. Ave. NW

20. FILED

8-28, 1937 B.C. Perry M.A. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 28, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 1937 to Aug 28, 1937

I last saw h. ex. alive on Aug 28, 1937; death is said to have occurred on the date stated above, at 1:05A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

1 Hyperstatic pneumonia  
2 Hypocardia with  
fatty infiltration of heart  
and heart failure

Date of onset  
Sept 3, 1937  
Sept 3, 1937  
Sept 3, 1937

Other Contributory Causes of Importance:

Cardio vascular renal  
disease

Name of operation none Date of 1937What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. J. Conlan M.D.  
(Address) 5047 Conduit Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8935

## 1. PLACE OF DEATH

County

Village or City

Montgomery  
Rockville

H.C.

Registration Dist. No.

213

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Emma Jane Downs

(a) Residence: No.

Rockville

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Divorced

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

att. Sullivan

6. DATE OF BIRTH (month, day, and year)

Dec. 24 1881

7. AGE

Years      Months      Days      If LESS than  
36      8      3      1 day,      hrs.  
              or      min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (Month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER FATHER

13. NAME

Henry Clark

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)  
(State or country)

—

17. INFORMANT

Geo B. Sullivan.  
Rockville Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rockville Md. Date Aug. 29, 1937

(Address)

19. UNDERTAKER

Harold C. Thompson  
Rockville

(Address)

20. FILED

8-29, 1937 Mrs. H. T. Pratt

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 27, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1937, to Aug. 27, 1937; death is said  
to have occurred on the date stated above at 12:30 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cause of death: Chronic intestinal hemorrhage - epip.  
Probably carcinoma of colon. 1937

Date of onset

Other Contributory Causes of Importance:

None

Name of operation: none Date of:

What test confirmed diagnosis: Geo B. Sullivan Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of Injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

(Address)

Wm A. Lathum  
Rockville, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

RECEIVED  
SEP 6 1937  
MILWAUKEE V. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8936

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park, Md.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 223No. Washington St., D.C. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Miss Carol Farris(a) Residence: No. Montgomery Rd.  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5e. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Mar 4, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hr. or 1 min.
4	5	27		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Md.13. NAME Mr. H.W. Farris14. BIRTHPLACE (city or town) N.Y. City  
(State or country) N.Y.15. MAIDEN NAME Myrtle Fairall16. BIRTHPLACE (city or town) Odeaton  
(State or country) Md.17. INFORMANT Washingtonian Records  
(Address) Takoma Park, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Burial Cemetery Date 8-4 Date 193719. UNDERTAKER Wm Rubin Pumpking  
(Address) Bethesda, Md.20. FILED Aug 1, 1937 by E. Rogers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 31, 1937, to Aug 1, 1937.  
I last saw her alive on Aug 1, 1937; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute appendicitisDate of onset, 8-30-37

Other Contributory Causes of Importance:

Chronic nephritis2 yrs.Name of operation Appendectomy Date of 8-1-37What last confirmed diagnosis? Blod Test Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. Mitchell

M. D.

(Address) Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED SEP 4 1937 BUREAU V. S.	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8937

## 1. PLACE OF DEATH

County.

Montgomery

95-5

Registration Dist. No.

211

Village or City.

m. Clarksburg

St., Ward

Length of residence in city or town where death occurred.

64 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Robert Jones Green

If U. S. Veteran, specify WAR

(a) Residence: No. m. Clarksburg, Md.

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Laura Crawford

6. DATE OF BIRTH (month, day, end year)

December 29, 1854

7. AGE

Years  
82Months  
8Days  
14If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Retired Farmer  
and Teacher9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Farming June 1937

Teaching 21 yrs.  
spent in this  
occupation during 40 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Ind.

MOTHER FATHER

13. NAME

Cuthbert Green

14. BIRTHPLACE (city or town)

Montgomery Co.

(State or country)

Md.

15. MAIDEN NAME

Mary S. Dowden

16. BIRTHPLACE (city or town)

Montgomery Co.

(State or country)

Md.

17. INFORMANT

Robert Green Jr.

(Address) P. O. Box 100, Mt. Olive, Md.

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Olivet - Frederick

Date Aug 17

1937

19. UNDERTAKER

John P. Cumpfrey

(Address) Rockville, Md.

20. FILED

Aug 16, 1937

1 PM

E. L. Lauer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug  
(Month)15  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 1937, to Aug. 10, 1937.  
I last saw him dead alive on Aug. 15, 1937, death is said  
to have occurred on the date stated above, at 3 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Probably Acute Heart attack of 4 days duration

Date of onset.

Other Contributory Causes of importance:

Arterio-Sclerotic Heart disease unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) George M. Boyer M. D.

(Address) Damascus, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED SEP 7 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
Other contributory causes of importance:		
Gallstones		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8938

## 1. PLACE OF DEATH

County MarylandVillage or City Baltimore

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(157)

Registration Dist. No. 217

60 South Howard St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William A. Hedrick(a) Residence: No. Selma Street St.,

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMark Robinson

6. DATE OF BIRTH (month, day, and year)

4/20/1863

7. AGE

Years 74Months 3Days 18If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Tradesman9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation 4012. BIRTHPLACE (city or town)  
(State or country)Hoboken N. J.

## MOTHER FATHER

13. NAME Benj. S. Hedrick14. BIRTHPLACE (city or town)  
(State or country)N. J.15. MAIDEN NAME Mary E. Thompson16. BIRTHPLACE (city or town)  
(State or country)N. J.17. INFORMANT Benj. S. Hedrick

(Address)

330 2nd St. N. W. D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

8/ 10, 193719. UNDERTAKER J. D. Bierch-Sons

(Address)

3034 M. St. N. W. D. C.20. FILED 8-9-1937 C. B. Bassley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8/ 8/ 37

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

6/29/1937 to 8/ 8/ 37, 19. 37I last saw him alive on 8/ 8/ 37, 19. 37; death is said  
to have occurred on the date stated above, at 32 P. W. H.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hypertrophy of prostate 8/3/36

Date of onset

Other Contributory Causes of importance:

ceramia8/4/37Name of operation Cystostomy Date of 8/ 27/37What test confirmed diagnosis? Urograph Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

M. D.

(Address) J. D. Bierch Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8939

## 1. PLACE OF DEATH

County

Montgomery

(167)

Jacob A. Furst Reg. U.S. Army  
Registration Dist. No. 976

Village or City

Bethesda, Md.

St.

Ward

Length of residence in city or town where death occurred

17 yrs.

mos.

ds.

How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

William H. Tolleson

(a) Residence: No.

Bethesda - 700 Goddard Rd

No.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

None

6. DATE OF BIRTH (month, day, and year)

Aug 2. - 1855

7. AGE

81

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

7

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Retired Govt

Employee

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

New York City

MOTHER

FATHER

13. NAME

Henry W. Tolleson

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME

Isabelle S. Husband

16. BIRTHPLACE (city or town)  
(State or country)

England

17. INFORMANT

Mrs. A.C. Reuborn

(Address)

700 Goddard Rd Bethesda

18. BURIAL, CREMATION, OR REMOVAL

Plac Rockville Union Date Aug 5, 1937

19. UNDERTAKER

W. Reuborn Undertaker

(Address)

1005 Wes Ave

20. FILED

8-4 1937 B. C. Perry, M.D.

(Address)

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 2  
(Month)  
(Day), 1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

August 2, 1937, to his death on August 2, 1937

I last saw him alive on about 10 A.M.; death is said  
to have occurred on the date stated above, at 10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Gunshot wound of Head

Suicide

Date of onset  
8-23-37

Other Contributory Causes of Importance

Gunshot wound

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Suicide Data of injury Aug 2, 1937

Where did injury occur? Bethesda, Maryland

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home Gunshot wound of Head

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Lee D. DeGraw, M.D.  
2560 Wisconsin Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	SEP 4 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	SEP 4 1937	1915
Arteriosclerosis		
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8941

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No.

2/3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

Date

Mrs. W. S. Dall

Registrat.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August

23<sup>d</sup>

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 25, 1937, to August 16, 1937.

I last saw him alive on August 1, 1937; death is said to have occurred on the date stated above, at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Hemorrhage July 30  
 Not due to tuberculosis. Cuts.  
 Negative report confirmed by sputum  
 and X-ray examinations.

Other Contributory Causes of Importance:

Fung Abscess: non-tubercular May 25  
 Was bit infected by Vincent's spirochete and 1937  
 Name of operation: facelis Date of:

What last confirmed diagnosis: X-Ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. S. Murphy

(Signed) (Address) Rockville, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8942

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(Mrs. Annie Hughes)

If U. S. Veteran, specify WAR

(a) Residence: No. 710 - East Capital

(Usual place of abode)

St. Ward. Washington D.C.

If nonresident give city or town and State

Registration Dist. No. 223No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

**Arteriosclerosis**      **RECEIVED**  
**Chronic interstitial nephritis**  
**Cerebral hemorrhage**      **SEP 4 1937**  
  
**BUREAU V. S.**

### Other contributory causes of importance:

### Gallstones

### Example II

**The principal cause of death and related causes of importance were as follows:**

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1, 1928	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8943

## 1. PLACE OF DEATH

County

Montgomery

S

Registration Dist. No.

213

Village or City

Edmonstone

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Jones (still Birth)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8/16/37

7. AGE

Years

Months

Days

If LESS than  
1 day, 0 hrs.  
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Damestown, Md.

(State or country)

MOTHER

FATHER

13. NAME Clinton C. Jones

14. BIRTHPLACE (city or town)

Porterville,

(State or country)

Md.

15. MAIDEN NAME

Cra E. Cliffor

16. BIRTHPLACE (city or town)

Sparsomville,

(State or country)

Md.

17. INFDRMT

(Address)

Cra E. Jones

Gaithersburg, MD - 7 - 3

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

, 19

19. UNDERTAKER

(Address)

20. FILED

(Address)

Aug. 17, 1937 Upton D. Roarwood  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug - 16 - 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug - 16 - 1937 to Aug - 16 - 1937  
I last saw him alive on Aug - 16 - 1937; death is said

to have occurred on the date stated above, at 8:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Birth

3½ months pregnancy

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

H. C. Miller  
(Address) gaithersburg, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1937
Other contributory causes of importance:	
Gallstones	May 1, 1937

### **Example II**

The principal cause of death and related causes of importance were as follows:

	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
27	Peritonitis	3 days ago
	Other contributory causes of importance:	
28	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8944

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Kensington

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME unnamed infant Johnson

(a) Residence: No. 16 St. Paul St.  
(Usual place of abode)

Registration Dist. No. 2-14

St.

Ward

No. 16 St. Paul St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (write the word)
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Aug. 19, 1937

7. AGE Years <u>stillborn</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
-------------------------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) Kensington  
(State or country) Maryland

13. NAME Millard Franklin Johnson

14. BIRTHPLACE (city or town) Elletown  
(State or country) Maryland

15. MAIDEN NAME Alma Estelle Murray

16. BIRTHPLACE (city or town) Wheaton  
(State or country) Maryland

17. INFORMANT Mrs. Alma Johnson  
(Address) 16 St. Paul St., Kensington

18. BURIAL, CREMATION, OR REMOVAL  
Place Lavage disposal Date Aug. 19, 1937

19. UNDERTAKER Parents M. F. Johnson  
(Address) 16 St. Paul St. Kensington

20. FILED Aug. 19, 1937 Margaret C. Tremeau  
(Address) Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 19, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 19, 1937, to Aug. 19, 1937

I last saw him alive on Aug. 19, 1937; death is said to have occurred on the date stated above, at 150A a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Spontaneous 4 months abortion

Date of onset

8/19/37

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Katharine A. Chapman M.D.  
(Address) 2010 Belvoir St., Kensington

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
	SEP 8 1937	

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8945

## 1. PLACE OF DEATH

County MarylandVillage or City near Goshen mt

23

Registration Dist. No.

218

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 1 yrs. 2 mos. 3 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Laura Elizabeth Keys(a) Residence: No. Goshen 2101

(Usual place of abode)

If U. S. Veteran, specify WAR \_\_\_\_\_

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Col5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJames Keys

6. DATE OF BIRTH (month, day, and year)

1905 April 157. AGE Years 32 Months 3 Days 25 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 21. DATE OF DEATH

August

(Month)

10

(Day)

1937

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

7-27-1937, to 8-9-1937.I last saw her alive on 8-19-1937; death is said  
to have occurred on the date stated above, at 3:56 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary tuberculosis  
with joint involvement 2 yrs  
ago from history

Date of onset

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. House wife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Hon10. Date deceased last worked at  
this occupation (month and  
year) Jan 1 193611. Total time (years)  
spent in this  
occupation 10 1/212. BIRTHPLACE (city or town)  
(State or country)Maryland Co

## MOTHER FATHER

13. NAME Ernest Blauth14. BIRTHPLACE (city or town)  
(State or country)Maryland Co15. MAIDEN NAME Susie Darnell16. BIRTHPLACE (city or town)  
(State or country)Maryland Co17. INFORMANT Susie Blauth(Address) 501 Fairbury Rd18. BURIAL, Cremation, or Removal  
Place Brockton Date Aug 13, 193719. UNDERTAKER Roy W. Baker(Address) Pittsburgh20. FILED Aug 13, 1937 Absent J. J. Miles

Registrar.

Other Contributory Causes of Importance:

Arthritis disease with  
history of operation in  
New York a year agoName of operation Nephrotomy Date of 1936What test confirmed diagnosis Post-tuberculosis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. J. Miles M. D.(Address) Parkville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 6 1937	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

(12)

Registration Dist. No. 216

Village or City

Chevy Chase

St.

Ward

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME Joseph Kummer

(a) Residence: No. 201 Shepherd

(Usual place of abode)

If U. S. Veteran, specify WAR none

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Adelaide Kummer

6. DATE OF BIRTH (month, day, end year)

Oct 31, 1855

7. AGE Years

81

Months

9

Days

19

If LESS than

1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

10.

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1-2 yrs. ago

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)

(State or country)

Washington D.C.

MOTHER FATHER

13. NAME

Jacob Kummer

14. BIRTHPLACE (city or town)

(State or country)

Germany

15. MAIDEN NAME

Frances

16. BIRTHPLACE (city or town)

(State or country)

France

17. INFORMANT

Mary W. O'Connor

(Address)

201 Shepherd

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date Aug 21, 1937

19. UNDERTAKER

Frank Geier Sons Co

(Address)

1113-7 St n W

20. FILED

Aug 21, 1937 Thomas J. Conrad

Registrar

No. 201- Shepherd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran, specify WAR none

St. \_\_\_\_\_

Ward. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 20

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1937 to Aug 20, 1937

I last saw him alive on Aug 20, 1937; death is said to have occurred on the date stated above, at 1:02 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aortic Arteric Disease

Date of onset

Other Contributory Causes of importance:

Chronic Cardiac Hypertrophy Several years  
Chronic Nephritis

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. Ernest B. Geier

M. D.

(Signed) (Address) 2700 Carroll Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVED	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1927	July 5, 1927

Other contributory causes of importance:

Gallstones

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2700 can ans  
Dear Comma

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Glenelgdale and

86

Registration Dist. No. 211St.Ward

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S. if of foreign birth? 6 yrs. 6 mos. 6 ds.

2. FULL NAME Albert C. Long(a) Residence: No. Glenelgdale

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Singl

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) 1936 Novemb 26

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
—	—	9	—	—

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Montgomery Co. Md13. NAME Albert C. Long14. BIRTHPLACE (city or town)  
(State or country) Montgomery Co. Md15. MARION NAME Mary Burdette16. BIRTHPLACE (city or town)  
(State or country) Montgomery Co. Md17. INFORMANT Mary Long  
(Address) Glenelgdale Md

18. BURIAL, CREMATION OR REMOVAL

Place Bethesda County Date August 27, 193719. UNDERTAKER Roy W. Baylin  
(Address) Fatherly Corp. Inc.20. FILED Aug 27, 1937 Delta N. Burdette  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 25

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 24, 1937 to Aug 25, 1937I last saw him alive on Aug 25, 1937; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Convulsions - cause unknown  
Date of onset 2 days ago

Cause of the convulsions: Unknown.  
No further information. Concussion.

Other Contributory Causes of importance:

Physician arrived in time only to see the baby die.

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) George M. Boyer M. D.(Address) Damascus, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED SEP 7 1927 BUREAU	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 4, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8948

## 1. PLACE OF DEATH

County

Montgomery

175

Registration Dist. No.

217

Village or City

Springfield, Md., Montg Co., Maryland, St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Thomas Nelson Lynn, U.S. Veteran, specify WAR

(a) Residence: No.

Brooksville, Md., St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male Col

Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mannie Lynn

6. DATE OF BIRTH (month, day, and year)

Dec 7 1884

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

53

7

24

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Brooksville, Md.

## MOTHER FATHER

13. NAME

Ruben Lynn

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mannie Thomas

16. BIRTHPLACE (city or town)

(State or country)

Virginia

17. INFORMANT

Lewis Dowdy, Daughter  
(Address) 335 W. Holly St. Wilkinsburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date August 18, 1937

19. UNDERTAKER

Roy W. Barnes

(Address)

Pittsburgh, Pa.

20. FILED

Aug 1, 1937 C. S. Barnes

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 4 (Month) (Day)

, 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 4, 1937, to Aug 5, 1937; death is said

I last saw him alive on Aug 5, 1937; death is said  
to have occurred on the date stated above, at 10:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Influenza pneumonia, Aug 3/37

Date of onset

Other Contributory Causes of Importance:

Comp. Consumption  
depressed function of  
the heart.

Name of operation: Mastectomy Date of: Aug 4, 1937

What test confirmed diagnosis: Name Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes Data of injury: Aug 4, 1937

Where did injury occur? Brooksville, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Influenza.

Manner of injury: Blood vessel

Nature of injury: Severe septic etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Roy W. Barnes M.D.

(Signed) J.W. Barnes M.D.

(Address) Springfield, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 4 1937	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones		Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

	3 days ago



	1 year


ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE **PURPLE**, **NOT UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH \$949

**1. PLACE OF DEATH**

County Montgomery 46-18  
 Village or City Silver Spring  
 Length of residence in city or town where death occurred yrs 9  
 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

**2. FULL NAME** Mahala Metcalf

(a) Residence: No. 810 Arlington St  
 (usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>			
5a. If married, widowed or divorced HUSBAND of <u>Elie M. Metcalf</u> (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year)	<u>Aug 9 1850</u>				
7. AGE	Years <u>87</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) <u>housewife</u>				11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country)	<u>Elizabeth, West Va.</u>				
FATHER	13. NAME <u>James Robinson</u>				
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>West Va.</u>				
	15. MAIDEN NAME <u>Maryanna Fag</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Elizabeth, West Va.</u>				
	17. INFORMANT <u>Mrs Blanche Fag</u> (Address) <u>810 Arlington St, Silver Spring, Md.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Parkersburg, W. Va.</u> Date <u>Aug 17, 1937</u>				
	19. UNDERTAKER <u>W.W. Chambers Co.</u> (Address) <u>Washington, D. C.</u>				
	20. FILED <u>Aug 13, 1937</u> <u>S. E. Dudley P.</u> <u>W. W. Fag</u> (Signature)				

No. 214  
 Registration Dist. No. St. 14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** Aug 12, 1937 (Month) (Day) (Year)

**22. I HEREBY CERTIFY** That I attended deceased from Aug 9 1937 to Aug 12 1937. I last saw her alive on Aug 9 1937, at 3:30 P.M. death is said to have occurred on the date stated above.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ovarian stomach Date of onset

Other Contributory Causes of Importance: Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) William J. Fag M. D.  
 (Address) 8907 Calvert Rd., Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family—cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

BUREAU V. S.

SEP 8 1937

OCT 12 1937

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8950

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

(85)

Registration Dist. No.

218

Village or City

Near Gaithersburg

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Richard Garland Nicewarner

(a) Residence: No.

Near Gaithersburg

St.

Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white

single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 26, 1923

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

none

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
Occupation12. BIRTHPLACE (city or town)  
(State or country)

Charles Town

W. Va.

13. NAME

Garland McCann Nicewarner

14. BIRTHPLACE (city or town)  
(State or country)

W. Va.

15. MAIDEN NAME

Texana Strole

16. BIRTHPLACE (city or town)  
(State or country)

W. Va.

17. INFORMANT

Regina Nicewarner

(Address)

Germantown Post Office, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Town Date Aug 11, 1937

19. UNDERTAKER

P. J. Dugaway

(Address)

Charles Town, Md.

20. FILED

Aug 9, 1937

(Address)

Abner J. Parker

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 9  
(Month)  
(Day)1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Aug 9, 1937, death is said  
to have occurred on the date stated above, at 9 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Epilepsy

Date of onset  
1925

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signad)

A. V. Hartley

M. D.

(Address)

Postville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 8 1937
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8951

## 1. PLACE OF DEATH

County Maryland WITHIN CITY 107  
 Village or City Takoma Park, Md.  
 Length of residence in city or town where death occurred years mos. 12 ds. How long in U.S. if of foreign birth? years mos. ds.  
 No. Washingtonian Inn + Hostel Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mr. Marvin Ovings

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Fair Haven, Md. Ward 0

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Jeanette Ovings</u>				
6. DATE OF BIRTH (month, day, and year) <u>June 9, 1882</u>	7. AGE Years <u>55</u>	Months <u>2</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Real Estate</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Insurance</u>				
10. Date deceased last worked at this occupation (month and year) <u>July 21, 1937</u>			11. Total time (years) spent in this occupation <u>30 yrs</u>	

12. BIRTHPLACE (city or town) Calvert County, Md.  
 (State or country)

13. NAME Mrs. Franklin Ovings  
 14. BIRTHPLACE (city or town) Calvert County, Md.  
 (State or country)

15. MAIDEN NAME Mary E. Osborne  
 16. BIRTHPLACE (city or town) Calvert County, Md.  
 (State or country)

17. INFORMANT Elash Sam + Hostel Records  
 (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Bethesda Md Date Aug 91 37

19. UNDERTAKER L. Gaskins Son  
 (Address) Bethesda Md

20. FILED Aug 9, 1937 A. C. Rogers  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 9  
 (Month) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937, to August 9, 1937.  
 I last saw him alive on August 9, 1937; death is said to have occurred on the date stated above, at 8:40 a.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Brundage pneumonia

Date of onset

July 25

## Other Contributory Causes of Importance:

Syphilis

Name of operation 0 Date of 0  
 What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? 0 Date of injury 19  
 Where did injury occur? 0

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0  
 If so, specify 0  
 (Signed) Elash Sam + Hostel M. O.  
 (Address) Washington Septem

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

LETTER Sept. 11 1937 under DR. WOLOHON, changing year of birth of  
deceased.—L.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Hagerstown  
Village or City Takoma Park

(159)

8952

Registration Dist. No. 223

St.

Ward

No. 105-Flower Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Female child of Mr. & Mrs. H. Painter.(a) Residence: No. 105-Flower Ave. Takoma Ph. Md.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Aug 17, 1937

7. AGE Years	Months	Days	If LESS than 1 day <u>10</u> hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u></u>
11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town)  
(State or country) Takoma Park. Md.13. NAME Hoyt. H. Painter.14. BIRTHPLACE (city or town)  
(State or country) Albertsville, Ala.15. MAIDEN NAME M. Maxine Gilmore16. BIRTHPLACE (city or town)  
(State or country) Birmingham. Ala.17. INFORMANT M. Maxine Painter.  
(Address) 105 Flower Ave. Takoma Ph. Md.18. BURIAL, CREMATION, OR REMOVAL  
Pleas Fred Lincoln Date Aug 18, 193719. UNDERTAKER Hoyer & Sonnephay  
(Address) Belair Spring20. FILED Aug 18, 1937 by E. Rogers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August

(Month)

17

(Day)

1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on August 17, 1937; death is said to have occurred on the date stated above, at 8:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity (6 1/2 months)

Date of onset

8-17-37

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Francis L. Richardson M.D.  
(Address) 118-Charles Ave. Takoma Ph. Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis	Date of onset	1921
Cerebral hemorrhage	Date of onset	July 5, 1927

RECEIVED  
SEP 4 1927

Other contributory causes of importance: V. S.

Gallstones	Date of onset	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car	Date of onset	1 week ago
Peritonitis	Date of onset	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

92-A

Registration Dist. No. 211

St., Ward

## 2. FULL NAME

(a) Residence: No.

Starksburg

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

Single

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

None

6. DATE OF BIRTH (month, day, and year)

May 10 1859

7. AGE 78 Years Months Days If LESS than  
2 24 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Laborer

12. BIRTHPLACE (city or town)  
(State or country)

Frederick Co., Md.

13. NAME

William Pearce

14. BIRTHPLACE (city or town)  
(State or country)

Montgomery Co., Md.

15. MAIDEN NAME

Wendell Andrews

16. BIRTHPLACE (city or town)  
(State or country)

Frederick Co., Md.

17. INFORMANT

(Address) 230 - Rugby Av - Bethesda Md

18. BURIAL, CREMATION, OR REMOVAL

Place Starksburg Md Date Aug 5<sup>th</sup>, 1937

19. UNDERTAKER

(Address) Wm. Russell Humphrey

Pooleville Md

20. FILED Aug 5<sup>th</sup>, 1937 Name E. Lewis

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 2 — 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 20, 1937, to Aug. 1, 1937; I last saw h. alive on Aug. 1, 1937; death is said to have occurred on the date stated above, at 7 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis

Date of onset

Other Contributory Causes of importance:

Metral Dicomplex

Date of

Name of operation \_\_\_\_\_ Was there an autopsy? No

What test confirmed diagnosis?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. George M. D.  
(Address) Bearcroft, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1937
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8954

## 1. PLACE OF DEATH

County

Montgomery

(127)

Registration Dist. No.

2 14

Village or City

Silver Spring

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mr. William Augustus Pierce

(a) Residence: No.

9210 George St. St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Mary Mc Henry Pierce.

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

Aug 4, 1859

## OCCUPATION

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.8. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Merchant  
Lumber11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Cedar Neck, Del.

13. NAME

Henry James Pierce

## MOTHER FATHER

14. BIRTHPLACE (city or town)  
(State or country)

Del.

15. MAIDEN NAME

Neston Shockey

16. BIRTHPLACE (city or town)  
(State or country)

Del.

17. INFORMANT

Miss Mary Suther

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash. D.C. Date: Aug 3/37, 19

19. UNDERTAKER

T. J. Suffield  
475-57 St. N.W.

(Address)

20. FILED

Aug 41, 1937 A. L. Crowley, Jr.  
Deputy Registrar

(Address)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 11, 1937

22. I HEREBY CERTIFY That I attended deceased from

Aug 8, 1937, to Aug 10, 1937

I last saw him alive on Aug 9, 1937; death is said  
to have occurred on the date stated above, at 12:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pneumonia  
Bladder  
Infection

Date of onset

8-9-37

Other Contributory Causes of Importance:

Hemoptysis

28

Name of operation: nose Date of:

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Date of injury: 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

G. H. Mitchell

Silver Spring, Md.

M. D.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	
	SEP 8 1937
	BUREAU V. S.
Other contributory causes of importance:	
Gallstones	

### Example 11

The principal cause of death and related causes of importance were as follows:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1, 1923	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

53-8

## 1. PLACE OF DEATH

County Montgomery  
 Village or City Takoma Park, Md.

Registration Dist. No. 223

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_ years, \_\_\_\_ mos., \_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_ yrs., \_\_\_\_ mos., \_\_\_\_ ds.

## 2. FULL NAME

Charles Thomas Pratt

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 105 Grant Ave.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Louise Pratt

6. DATE OF BIRTH (month, day, and year)

Jan 28, 1874

7. AGE

63

Years

6

Months

19

Days

19If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Pr. Co. County, Md.

MOTHER FATHER

13. NAME

Samuel T. Turner

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

Mrs. Helen Mason

(Address)

105 Grant Ave. Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Washington National Cemetery

Place

Washington, D. C.

Date

Aug 10, 1937

19. UNDERTAKER

H. H. Chambers Co.

(Address)

1700 Clarendon St. N.W. Wash. D.C.

20. FILED

Aug 8, 1937

Date

A. E. Rogers

Registrar.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

August 7

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1937, to Aug. 7, 1937.  
I last saw him alive on Aug. 7, 1937; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
Colon wall (right)

Date of onset

abut  
2 yrs.

Other Contributory Causes of importance:

Name of operation nurs Date of 19What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

As Blitt M. D.(Address) 4911 5th New York

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 6, 1927
BUREAU N. S.		
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

8956

## 1. PLACE OF DEATH

County

Montgomery

92-a

Village or City

Silver Springs

Registration Dist. No.

214

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Harry Gately Randall Veteran, specify WAR

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OR

(or) WIFE

of

Mary S. Ryan

6. DATE OF BIRTH (month/day, end year)

Sept. 23-1875

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

62

10

15

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Engineer

V. S. Government

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Washington, D.C.

13. NAME

Ephraim Randall

14. BIRTHPLACE (city or town)  
(State or country)

New York

15. MAIDEN NAME

Louisa Somiller

16. BIRTHPLACE (city or town)  
(State or country)

Washington, D.C.

17. INFORMANT

Harry E. Randall

(Address)

836 - Sligo Ave. Silver Spring

Placa Washington, D.C. Data 8/10/1937

18. BURIAL, CREMATION, OR REMOVAL

Washington, D.C. Data 8/10/1937

(Address)

19. UNDERTAKER

W.W. Chamber Co.

(Address)

1400 - Chapin St. Washington, D.C.

20. FILED Aug. 8, 1937

S.S. Building Dept. Registrar

I

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 8

(Month)

1937  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

July 2, 1937, to August 8, 1937.

I last saw h. in alive on August 8, 1937; death is said  
to have occurred on the date stated above, at 2:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myocardial Failure  
Hyper tension  
Aortic Regurgitation

Date of onset

Nov. 1935

## Other Contributory Causes of Importance:

Pulmonary Edema

Name of operation

Date of

What test confirmed diagnosis?

X-Rays

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

I

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Apparently Not

(Sign) F. J. H. Shoemaker M.D.

(Address) Silver Spring, Md.

(Address) Shepherd 3625

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED  
BUREAU  
AUG 18 1937

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8957

## 1. PLACE OF DEATH

County Montgomery

(159)

Registration Dist. No. 2.14Village or City outside KensingtonNo. Burl Rd., N. Chevy Chase St., Ward Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 1 yrs. mos. 13 ds. How long in U.S. If of foreign birth? 0 yrs. mos. ds.2. FULL NAME Lorraine Randolph(a) Residence: No. Burl Road

(Usual place of abode)

St.

Ward.

North Chevy Chase

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a) If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

August 5, 1937

7. AGE

Years

Months

Days

If LESS than  
1 day,  
1 day,  
hrs.  
or... min.

13

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

more

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

outside KensingtonMaryland

MOTHER

FATHER

13. NAME

Henry Hobes Randolph

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MAIDEN NAME

Rosie Bell Scott

16. BIRTHPLACE (city or town)

(State or country)

Virginia

17. INFORMANT

(Address)

Rosie RandolphBurl Rd., N. Chevy Chase

18. BURIAL, CREMATION, OR REMOVAL

Place

County CemeteryAug. 18, 1937

19. UNDERTAKER

(Address)

Roger BarberKatharine C. Treadearne

20. FILED

(Address)

Aug. 18, 1937Margaret F.C. TreadearneLocal Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 18

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 5, 1937 to August 18, 1937I last saw her alive on August 18, 1937; death is said to have occurred on the date stated above at 9:25 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity(born at 6 1/4 months)

Date of onset

8/5/37

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Katharine A. Chapman M.D.(Address) 20 W. Balto St., Kensington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis **RECEIVED**

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

SEP 8 1937

Date of onset

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8958

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Takoma Park

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth

yrs.

mos.

ds.

93c

Registration Dist. No. 223No. 21 Elm Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elizabeth Ellen Ray(a) Residence: No. 21 Elm Ave.

(Usual place of abode)

If U. S. Veteran, specify WAR

St.

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or WIFE ofEmory F. C. Ray

## 6. DATE OF BIRTH (month, day, and year)

December 14 1852

## 7. AGE

Years	Months	Days	M LESS than
<u>84</u>	<u>8</u>	<u>13</u>	1 day, _____ hrs. or _____ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own Home

## 10. Date deceased last worked at this occupation (month and year)

4 years ago11. Total time (years) spent in this occupation 60

## 12. BIRTHPLACE (city or town)

Hunting Hill

(State or country)

## MOTHER

## FATHER

13. NAME Horace Ward

## 14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MAIDEN NAME Hester Ray

## 16. BIRTHPLACE (city or town)

Maryland

(State or country)

17. INFORMANT Emory F. C. Ray(Address) 21 Elm Ave., Takoma Park

## 18. BURIAL, CREMATION, OR REMOVAL

Place: Rockville Md Date: Aug 29 193719. UNDERTAKER WM. Reuben Pumphrey(Address) Rockville Md20. FILED Aug 28 1937(Signature) J. H. Harrold Registrar

Date of onset

2 years

4 years

7 years

## 21. DATE OF DEATH

August 27 1937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

August 23 1937 to August 27 1937I last saw her alive on August 26 1937; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(1) Chronic Myocarditis(2) Atherosclerosis

## Other Contributory Causes of Importance:

acute Pulmonary Declerosis

Aug 23 1937

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Harrold

M. D.

(Address) 928 Shady Ave., Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset.	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	RECEIVED		July 5, 1927
	SEP 4 1927		
Other contributory causes of importance:	U.S.		
Gallstones			May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8959

## 1. PLACE OF DEATH

County

Montgomery

(23)

Registration Dist. No.

2/3

Village or City

Rockville

St.

Ward

Length of residence in city or town where death occurred

+8 yrs. in Rockville

(If death occurred in a hospital or institution, give its NAME instead of street and number)

most Rockville How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Carrie Virginia Pickett

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Chas. Tilman Pickett

6. DATE OF BIRTH (month, day, and year)

May 2-1880

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
57	3		15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Charles D. Bennett

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Evelyn Pickett

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

(Address)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 17

(Month)

1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

May 25 1937 to Aug 17 1937; death is said

I last saw him alive on Aug 17 1937 to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis May 1937

Date of onset

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis

Specify whether there was an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 8 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8960

## 1. PLACE OF DEATH

County Montgomery  
 Village or City Olney, Md.

(159)

Registration Dist. No. 217  
No. 1, Montgomery Co. General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Derwood, Md. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

if nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female white single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5. If married, widowed, or divorced  
 HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 5, 1937

7. AGE      Years      Months      Days      If LESS than  
                   |            |            |            1 day,      hrs.  
                   |            |            |            or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Infant

12. BIRTHPLACE (city or town)  
 (State or country)

Olney, Maryland

13. NAME John E. Ryan

14. BIRTHPLACE (city or town)  
 (State or country)

Washington, D.C.

15. MAIDEN NAME Mildred Shipe

16. BIRTHPLACE (city or town)  
 (State or country)

Moorefield, West Virginia

17. INFORMANT My Father, John E. Ryan

(Address) Derwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Derwood, Md. Date Aug 5, 1937

19. UNDERTAKER John E. Ryan

(Address) Derwood, Md.

20. FILED Aug. 5, 1937 C. Barnesley

Registrar.

## 21. DATE OF DEATH

August 5, 1937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

August 5, 1937, to Aug. 5, 1937  
 I last saw him alive on Aug. 5, 1937; death is said to have occurred on the date stated above, at 9:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia

Date of onset

## Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify — (Signed) John E. Ryan M. D.

(Address) Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927

RHEAULT V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8961

216

## 1. PLACE OF DEATH

County MontgomeryVillage or City Cabin John, Md.

23

Registration Dist. No.

St. Ward

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Thomas J. Sandy(a) Residence: No. Cabin John Main St.  
(Usual place of abode)If U. S. Veteran, specify WAR None

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

MALE

WHITE

SINGLE

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

NONE

6. DATE OF BIRTH (month, day, and year) JUNE 12-1914

7. AGE

Years 23 Months 0 Days 23 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc. CHICKER  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. SANITARY GROC CO  
10. Date deceased last worked at  
this occupation (month and  
year) 1935 11. Total time (years)  
spent in this  
occupation 412. BIRTHPLACE (city or town)  
(State or country) BALTIMORE  
MARYLAND13. NAME T.J. SANDY  
14. BIRTHPLACE (city or town)  
(State or country) RICHMOND CUNTY  
VA15. MAIDEN NAME LULA FLOYD16. BIRTHPLACE (city or town)  
(State or country) WHEELTON  
VA - LANCASTER CO17. INFORMANT STEP. FATHER P. Moody  
(Address) CABIN JOHN, MD18. BURIAL, CREMATION, OR REMOVAL  
Place Farnham Va Date Aug 7, 193719. UNDERTAKER Wm Ruben Humphrey  
(Address) 7005 Wisconsin Bethesda Md20. FILED Aug 6, 1937 B.C. Perry M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug  
(Month)5  
(Day)1937  
(Year)22. I HEREBY CERTIFY That I attended deceased from  
April 1st 1937 to Aug 5th 1937.  
I last saw him alive on Aug 5th 1937; death is said  
to have occurred on the date stated above, at 6:30 PM.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary  
tuberculosis

Date of onset

Other Contributory Causes of importance:

Pulmonary hem-  
orrhageName of operation none Date of 19What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? do not knowIf so, specify Wheeler O. Hupp M. D.

(Signed)

(Address) Bethesda, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	Sep 4 1927	1921

MINTAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLEASANTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8962

## 1. PLACE OF DEATH

County Montg Co

Village or City Gaithersburg City

City No.

Registration Dist. No.

218

Methodis Home St.

Ward

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Nancy G Updyke

(a) Residence: No. Gaithersburg Md City St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

John B Updyke

6. DATE OF BIRTH (month, day, and year)

May 19 1850

7. AGE Years 1850	Months 87	Days 2	If LESS than 1 day, hrs. 29
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House Wife
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	II
	10. Date deceased last worked at this occupation (month and year)	II
	11. Total time (years) spent in this occupation	II

12. BIRTHPLACE (city or town)  
(State or country) Virginia

13. NAME John R Compton

14. BIRTHPLACE (city or town) Va  
(State or country)

15. MAIDEN NAME Roda C Noel

16. BIRTHPLACE (city or town) Va  
(State or country)17. INFORMANT Methodis Home, H M Wilson  
(Address) Gaithersburg Md18. BURIAL, CREMATION, OR REMOVAL  
Place Full View Cemetery Va Date aug 20, 193719. UNDERTAKER Ernest C Gartner  
(Address) Gaithersburg Md20. FILED Aug 19, 1937 Absalon G Cooke  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 18 (Month) (Day), 1937 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Aug 18, 1937, to Aug 18, 1937  
I last saw her alive on Aug 18, 1937, death is said  
to have occurred on the date stated above, at 4:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

*Arteriosclerosis*  
*chronic glom. nephritis*  
*Senile*

Date of onset

## Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ester F. Kucher M. D.

(Address) Rockville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8963

## 1. PLACE OF DEATH.

County Montgomery  
 Village or City Ridgemoor Md

93c

Registration Dist. No.

2/3

Length of residence in city or town where death occurred.

yr.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Polar Waley  
County Home  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Cabred 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

about March Years 80 Months Dey's If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent at this occupation12. BIRTHPLACE (city or town)  
(State or country)Virginia

## MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)Montgomery

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

County Home Date August 27 1937

19. UNDERTAKER

(Address)

20. FILED

1937

M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLEASINGLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

August 22

(Month)

1937  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

May 25, 1937, to Aug 21, 1937I last saw him alive on Aug 21, 1937; death is said to have occurred on the date stated above, et al. 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis. Duration:  
not known. Prob. P.

Date of onset

## Other Contributory Causes of importance:

(Since he to about 80 yrs old)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8961

## 1. PLACE OF DEATH

County Montgomery  
Village or City Mr. Lewisdale

(13)

Registration Dist. No. 211

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 40 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 0 ds. 0 How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Nettie Frances Watkins(a) Residence: No. Mr. Lewisdale, Md  
(Usual place of abode)

If U. S. Veteran, specify WAR \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. Grant Watkins</u>				
6. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1872</u>				
7. AGE	Years <u>64</u>	Months <u>8</u>	Days <u>7</u>	If LESS than 1 day, _____. hrs. or _____. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u>			
X	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		11. Total time (years) spent in this occupation <u>50</u>		

12. BIRTHPLACE (city or town)  
(State or country) Mr. Woodfield Md13. NAME John W. Beall  
14. BIRTHPLACE (city or town)  
(State or country) Lewisdale Md15. MAIDEN NAME Cronin Beall  
16. BIRTHPLACE (city or town)  
(State or country) Montgomery Co. Md17. INFORMANT  
(Address) Lester Watkins  
18. BURIAL, CREMATION, OR REMOVAL  
Place Bethesda Cem. Date Aug. 72 193719. UNDERTAKER  
(Address) J. B. Beall Inc.  
Damascus Md20. FILED Aug. 12, 1937 Della O. Burdette  
21st Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 10, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Aug. 10, 1937; death is saidto have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Intestinal Tractitis Unknown  
Cerebral Hemorrhage 2 days

## Other Contributory Causes of importance:

Arteriosclerosis Unknown  
Hypertension Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Ginger M. Boyer M. D.(Address) Damascus, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
RECEIVED SEP 7 1937 V. S.	
Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8965

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MONTGOMERY

Village or City Cherry Chase

942

Registration Dist. No. 216

C.B.

St.

Ward

No. 11 - MAPLE AVE

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME ELIZA A. WEEKS

(a) Residence: No. 2016 - PERRY ST., N.E.

(Usual place of abode)

If U. S. Veteran, specify WAR

SE, Ward. WASH. D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

E W

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

WIDOWED

## 21. DATE OF DEATH

August 20

(Month) (Day) (Year)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

CORNELIUS C. WEEKS

6. DATE OF BIRTH (month, day, and year) May 14 --- 1868

7. AGE

Years Months Days If LESS than  
69 3 6 1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

NON

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

WASH. D. C.

## MOTHER FATHER

13. NAME Charles J. Watson

London

14. BIRTHPLACE (city or town)  
(State or country)

England

15. MAIDEN NAME Ann Watson

16. BIRTHPLACE (city or town)  
(State or country)

Scotland

17. INFORMANT Pauline W. Amos

(Address) 3500 - 14th St., N. W.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Natl. Cemetery Data Aug. 23, 1937

19. UNDERTAKER Jos. GAWLER'S SONS

(Address) 1706 - PENNA. AVE N.W.

20. FILED 8-20 1937

B. C. Perry, M.D.

Registrar

## 22. I HEREBY CERTIFY, That I attended deceased from

April 1933 to Aug. 19, 1937

I last saw him alive on Aug. 19, 1937; death is said to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congestive Heart Failure

Date of onset

Aug. 1937

## Other Contributory Causes of Importance:

Arterial Hypertension 1926  
& coronary sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

Hell Carter

M. D.

(Address) 1029 Vermont Ave

Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 1 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MURRAY S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8966

## 1. PLACE OF DEATH

County MONTG

Village or City Bethesda Md.

93C

Registration Dist. No. 216

St. Ward

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME Edward B. White

(a) Residence: No. 4522, MIDDLETON LANE.  
(Unusual place of abode)

St. Ward

If U. S. Veteran, specify WAR None

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith E. White		

6. DATE OF BIRTH (month, day, and year) JULY 12, 1869.

7. AGE Years 69	Months 1	Deyys 10	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. Govt.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME Rev. W. White

14. BIRTHPLACE (city or town) Virginia  
(State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) Virginia  
(State or country)17. INFORMANT Mrs. Edith E. White  
(Address) 4522 MIDDLETON LANE.18. BURIAL, CREMATION, OR REMOVAL Being buried in Fort Lincoln Cem., Date Aug 25, 1937  
Place: Fort Lincoln Cem., Date Aug 25, 193719. UNDERTAKER H. M. Ruben Pumphrey  
(Address) 7005 Wisconsin Bethesda, Md.20. FILED 8-24, 1937 B. C. Perry M. D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Auguest 22 (Month) 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Auguest 22, 1937, to Auguest 22, 1937

I last saw him alive on Auguest 22, 1937; death is said to have occurred on the date stated above, at 4:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Myocarditis Date of onset 7-22-37

## Other Contributory Causes of Importance:

Chronic Myocarditis  
Senility

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. E. Johnson M. D.  
(Address) 7601 Cheneau Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1 Cherry Street Office

MARGIN RESERVED FOR BINDING

T

V. S. No. 1

I

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	SEP 4 1937

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Takoma Park

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Florence Whitney

(a) Residence: No 3411 Oakwood Terrace St. N.W. Ward. (Usual place of abode)

If U. S. Veteran, specify WAR

Washington, D.C.  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLED MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1896

7. AGE Years <u>41</u>	Months <u>0</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Not any

Not any

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Auburndale, Mass.

13. NAME Edson Whitney  
14. BIRTHPLACE (city or town)  
(State or country) Gardner, Mass.

15. MAIDEN NAME Florence Carter

16. BIRTHPLACE (city or town)  
(State or country) Boston, Mass.

17. INFORMANT Washington Sanitarium, Second  
(Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Wash. D.C. Date Aug. 31, 1937

19. UNDERTAKER Short Chambers Co.  
(Address) 1400 Chapin St. N.W.

20. FILED Aug. 31, 1937 / 26 E. Rogers.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 31  
(Month) 1937  
(Day) Year

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1937, to Aug. 30, 1937.

I last saw her alive on Aug. 30, 1937; death is said to have occurred on the date stated above, at 7:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac decompensation due to  
central stenosis

Date of onset

1907

## Other Contributory Causes of Importance:

Chronic glomerular nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. H. McLean M. D.

(Address) 3220 17th St. N.W.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	July 5, 1927
RECEIVED SEP 4 1931	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8968

## 1. PLACE OF DEATH

County Montgomery County  
Village or City Olney, Md.

Registration Dist. No. 217No. Montgomery County General Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Elizabeth Wilson

If U. S. Veteran, specify WAR

(a) Residence: No. Colesville Maryland St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Nov. 23, 1922

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

14

9

8

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Maryland

MOTHER FATHER

13. NAME Joseph Wilson14. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Maryland15. MAIDEN NAME Alora Wilson16. BIRTHPLACE (city or town)  
(State or country)Washington  
D. C.17. INFORMANT  
(Address)Hospital Records  
Montgomery Co. Hosp., Olney, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Good Hope Date Sept. 2, 193719. UNDERTAKER  
(Address)Poly & Lincoln  
Rockwell and

20. FILED

Sept. 2, 1937 C. S. Barnes, Reg.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August  
(Month)31  
(Day)1937  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
July 28, 1937, to Aug. 31, 1937.I last saw her alive on Aug. 30, 1937; death is said  
to have occurred on the date stated above, at 1 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Jephord WilsonDate of onset  
7/28/37

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Chas. Timbleton M. D.(Address) Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 4 1937	1915
Cerebral hemorrhage	BUREAU V. S.	1921

1915  
1921  
July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

8969

## 1. PLACE OF DEATH

County

MONTGOMERY

Village or City

TAKOMA PARK

WITHIN CORPORATE LIMITS of

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 223

St., Ward

## 2. FULL NAME ELLA MARY WRIGHT

(a) Residence: No.

111 MAPLE AVE

(Usual place of abode)

If U.S. Veteran specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Wm. HENRY WRIGHT

6. DATE OF BIRTH (month, day, end year)

1800. 21, 1855

7. AGE

Years

81

Months

8

Days

23

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife

12. BIRTHPLACE (city or town)

(State or country)

NEW BEDFORD, Pa.

MOTHER FATHER

13. NAME

PATTERSON WRIGHT

14. BIRTHPLACE (city or town)

(State or country)

Pa.

15. MAIDEN NAME

SARAH SMITH

16. BIRTHPLACE (city or town)

(State or country)

Pa.

17. INFORMANT

(Address)

Wellard H. Wright  
6524 32nd St NW

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington, D.C.

Date

Aug. 16, 1937

19. UNDERTAKER

(Address)

The S. H. Stiles Co.  
801 14th St NW

20. FILED

(Address)

Aug. 14, 1937  
H. C. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 14

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 29, 1937, to Aug. 14, 1937

I last saw her alive on Aug. 14, 1937; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of importance

Cardio-Renal

Gastric Disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. H. Creswell

(Signed) (Address) 1630 P St. NW M. D.

Washington, D.C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City near Boyds

Length of residence in city or town where death occurred 74 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Robert L. Young

(a) Residence: No. R 7 D # 1 Boyds  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male 4. COLOR OR RACE white  
Widowed

## 5a. If married, widowed, or divorced

HUSBAND OF  
Lucy Anna Young

## 6. DATE OF BIRTH (month, day, and year)

Sept 4 - 1863  
7. AGE Years 74 Months 2 Days 27 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Warmer  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Warmer  
10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (city or town)  
(State or country)

Buck Lodge  
Maryland

13. NAME Crawford P Young14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME Mary Breitman16. BIRTHPLACE (city or town)  
(State or country)

Maryland

## 17. INFIRMITY

John D. Young  
(Address) Boyds Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Beallsville Md Aug 30, 1937

19. UNDERAKER Ruben Humphrey  
(Address) Rockville Md20. FILED Aug 29, 1937 MRS C. C. Hillier  
Registrar

59

Registration Dist. No. #2 212 St., Ward

No. R 7 D # 2 Boyds St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## If U. S. Veteran, specify WAR

none

St., Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 27 (Month) 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 12, 1937, to Aug 27, 1937.

I last saw him alive on Aug 27, 1937; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia  
Genl Arterial Sclerosis  
Diabetes Mellitus

Date of onset  
8/24/37

## Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Winton D. House M. D.  
(Address) Darmonville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED SEP 8 1927 BUREAU U. S.	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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